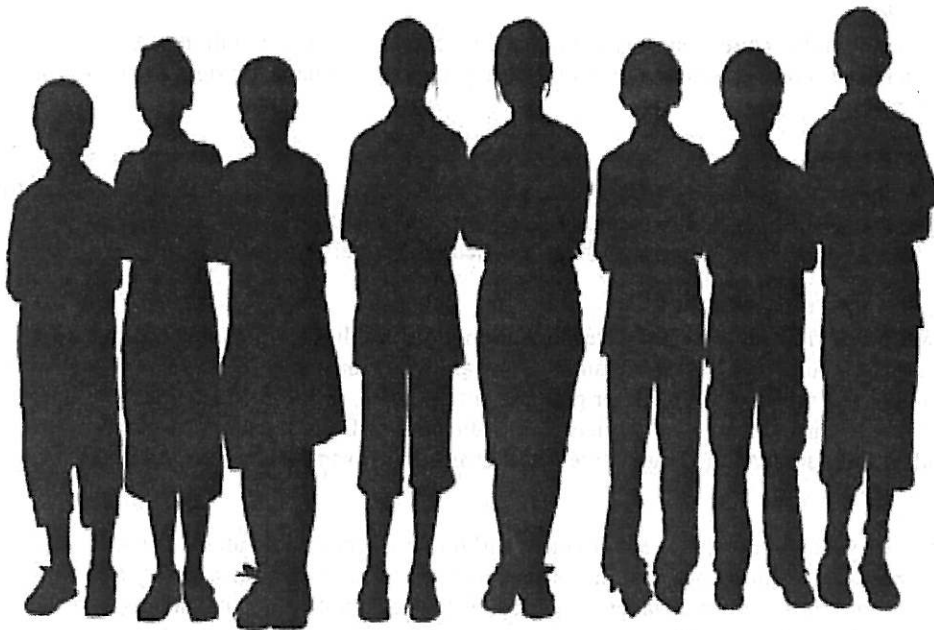




2009 YOUTH JOB CORPS APPLICATION



WHAT IS THE YOUTH JOB CORPS?

The **Youth Job Corps (YJC)** program is designed for Saint Paul youth 14-21 who are interested in career exploration and summer employment. The jobs created through the YJC provide needed community services during the summer months with work sites scattered throughout the City. Qualified candidates for this program will have the opportunity to work in a variety of industries.

WHO IS ELIGIBLE?

Saint Paul, low-income youth who will be 14 by June 15th, 2009, but no older than 21 by June 15th, 2009.

WHAT ARE THE WAGES?

Youth ages 14-18 are paid minimum wage and youth ages 19-21 are paid \$7.50 an hour.

HOW MANY HOURS DO YJC WORKERS WORK?

YJC workers average 20-25 hours per week.

WHEN DOES IT START?

Most jobs will begin June 15, 2009 and end September 4, 2009.

Because we will receive hundreds of applications, incomplete applications will not be processed!

TO APPLY FOR THE YOUTH JOB CORPS (YJC):

- You must be a resident of Saint Paul
- You must be between the ages of 14 and 21.
- **You must return this application to:**

**Saint Paul Parks & Recreation/YJC
Attn: Gwen Peterson
50 West Kellogg Boulevard Suite 840
Saint Paul, MN 55102**

Applying to the YJC does not guarantee you employment

USE OF YOUR DATA & THE MINNESOTA DATA PRACTICES ACT

YOUR RIGHT TO PRIVACY

As an application for or participant in the Youth Job Corps with the City of Saint Paul, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

AUTHORITY TO COLLECT DATA

The City of Saint Paul, as a recipient of CDBG federal funds, operates programs in Saint Paul to help eligible individuals in getting jobs or training for jobs. As part of its responsibilities as a recipient of these funds, The City of Saint Paul is authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

PURPOSES AND USES OF DATA COLLECTED

The information asked for will be used by the program's staff to determine eligibility for participation and to help you find a suitable job. The information will be entered in to a record keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Employment & Economic Development, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only, and will not disclose any personal identifying information about you.

EFFECTS OF NON-DISCLOSURE

You may be asked to provide data that you are not required to give in order to qualify for job training services. Failure to complete these items will not adversely affect your eligibility; however, you are encouraged to complete all of the items in order to allow for a more complete assessment by staff.

Intentional misrepresentation of information about income or employment will result in termination from enrollment of the Youth Job Corps with the City of Saint Paul.

WAGE DETAIL FILES

We may also use information from wage records kept by the Minnesota Department of Employment & Economic Development to help us evaluate the program.

After you leave the program, we will keep your file until the state and federal laws indicate it may be destroyed.

APPLICATION

This program has income guidelines. In order to determine if you are eligible, we need you to tell us about you and your family.

First Name: _____ Middle: _____ Last: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Sex: () Male () Female

Home Phone: (____) _____-_____ Cell Phone: (____) _____-_____

E-mail Address: _____

Name of school you are currently attending: _____

Will you be attending summer school? ____YES ____NO ____I DON'T KNOW

Social Security #: _____ Date of Birth: ____/____/____ Current Age: ____

Have you worked for the YJC before? ____YES ____NO If "YES", when? _____

Citizenship: ____US Citizen or ____Non-citizen/eligible to work. Please provide I-94# _____

Do you receive free or reduced priced meals at school? ____YES ____NO

Please indicate your work preferences. Write a "1" for your first choice, a "2" for your second choice, a "3" for your third choice, and so on. Do not use the same number twice. This does not guarantee where you will work, but it will give us an idea of what your interests are. We will do our best to place you in a job that interests you

_____ Parks and Recreation: Recreation Sites: cleaning recreation centers and assisting in programming.

_____ Parks and Recreation: assist in the maintenance of parks.

_____ Gardening and Blooming St. Paul Program.

_____ Environmental Services: assist with outdoor projects at sites such as Como and Phalen lakeshores.

_____ Office work (data entry, cleaning, filing, organizing)

_____ Other (Please indicate where or with what supervisor): _____

How were you referred to the Youth Job Corps?

_____ YouthLEAD

_____ HIRED

_____ Boys and Girls Club

_____ Building Lives

_____ Place of Worship

_____ Focus Beyond Programs In Transition

_____ School

_____ Friend or Relative

_____ Rec. Center (which one? _____)

_____ Other Please explain: _____

Disability Status: *Disability/Disabled is defined as:*

(1) Has physical, sensory or mental impairment (condition which significantly limits one or more life activities); or

(2) has a record of such impairment (condition); or

(3) is regarded as having such an impairment (condition)

Do you have a temporary or permanent disability ____YES ____NO

If yes, how would you describe the disability? (CHECK ALL THAT APPLY)

____ Physical ____ Learning ____ Visual (sight) ____ Mental ____ Auditory (hearing) ____ Emotional

____ Behavioral ____ Other: _____

PARENT / GUARDIAN COMPLETE THIS PAGE

INCOME AFFIDAVIT

1) What is the number of adults and children living in your household? (including applicant) _____ members

*****READ THIS VERY CAREFULLY. YOU WILL NOT BE ELIGIBLE IF PART 2 IS INCORRECT. THE NUMBER YOU PUT ABOVE HAS TO MATCH WITH THE NUMBER OF HOUSEHOLD MEMBERS BELOW*****

2)

A: Go to the row with the number of household members you have.

B: Put your check mark in the income range column that will be the **total household income for all household members in the next 12 months**. Sources of income include: gross wages and tips, social security, pensions, alimony, child support and other periodic income such as rental income and regularly paid insurance premiums .

1 member:	_____ \$17,600 or less	_____ \$17,601 - 29,350	_____ \$29,351 - 44,800	_____ \$44,801 or more
2 members:	_____ \$20,100 or less	_____ \$20,101 - 33,550	_____ \$33,551 - 51,200	_____ \$51,201 or more
3 members:	_____ \$22,650 or less	_____ \$22,651 - 37,750	_____ \$37,751 - 57,600	_____ \$57,601 or more
4 members:	_____ \$25,150 or less	_____ \$25,151 - 41,950	_____ \$41,951 - 64,000	_____ \$64,001 or more
5 members:	_____ \$27,150 or less	_____ \$27,151 - 45,300	_____ \$45,301 - 69,100	_____ \$69,101 or more
6 members:	_____ \$29,150 or less	_____ \$29,151 - 48,650	_____ \$48,651 - 74,250	_____ \$74,251 or more
7 members:	_____ \$31,200 or less	_____ \$31,201 - 52,000	_____ \$52,001 - 79,350	_____ \$79,351 or more
8 members:	_____ \$33,200 or less	_____ \$33,201 - 55,350	_____ \$55,351 - 84,500	_____ \$84,501 or more

3) Is your household female-headed? (for statistical purposes) ____ Yes ____ No

4) Is your family Hispanic? (for statistical purposes) ____ Yes ____ No

5) Please check the race(s) appropriate for your family: (for statistical purposes)

____ White	____ Asian
____ Black/African American	____ Native Hawaiian or Other Pacific Islander
____ American Indian/Alaskan Native	____ Hispanic

6) I agree to make my financial records available to the City of Saint Paul or HUD for verification of the above information.

I certify that the information above is, to the best of my knowledge and belief, a true, correct and complete statement of my financial condition as of the date stated herein.

Signature of Parent or Guardian

Date

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a **criminal offense to make false statements** or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

This program is being assisted with Community Development Block Grant (CDBG) funds provided through the City of Saint Paul, which it receives from the U.S. Department of Housing and Urban Development (HUD). A requirement of this assistance is that we collect income data of persons who apply for assistance. This information will not be disclosed or released by this office without your consent, except to the City of Saint Paul and to HUD, and except as required or permitted by law.

*****!!!!STOP!!!!*****

Go back up to the top & make sure all 6 sections are complete!

Did the number you put in question #1 match the row your check mark is in on question #2?

The most common reason for ineligibility is because this page is filled out either incompletely or incorrectly!!

Tell Us About Yourself

Please use **complete sentences** and be **thorough** in your response to each question.

Describe a time you acted as a role model. _____

What type of job would you like this summer and what skills do you hope to gain from that job?

What organized activities do you currently participate in?

- ☐ Theater
- ☐ Admission Possible
- ☐ National Honors Society
- ☐ Student Newspaper
- ☐ Band

- ☐ Student Council
- ☐ Sports Team: _____
- ☐ Other School club(s): _____
- ☐ Other organized activity: _____
- ☐ I have a job: _____

To Parent/Guardian: Youth Job Corps is the City of Saint Paul's job program for youth 14-21. **All youth** must have parent/guardian permission to participate, unless they are 18 or older. The parent/guardian must read and complete all sections of this form. This form must be returned to YJC as part of a completed application in order to be considered for admission to the program.

Youth and Parent/Guardian Information:

Youth Name: _____

Parent/Guardian Name: _____ Telephone: (____) _____

Does your child have a condition that may result in an emergency? ☐ Yes ☐ No

If yes, please describe. _____

I hereby certify that the applicant is a resident in the City of Saint Paul and that he/she is between the ages of 14 and 21, (or will be at least 14 by June 15th, 2009).

I hereby give permission for this applicant to participate in activities of the Youth Job Corps Program that may lead to employment and training opportunities. I understand that the youth participants will be referred to various City, non-city and/or private sector employers.

I voluntarily release the City of Saint Paul from any and all liability based on claimed negligence at times when the youth participant is not under the supervision of the City of Saint Paul. I will not hold the City of Saint Paul, Saint Paul Public Schools, Ramsey County or any other partnering agencies responsible for accidents, injuries or personal property loss.

I agree to provide, if requested, any documentation necessary to verify information on this form or I authorize the City of Saint Paul or its providers to verify information provided, if necessary. I also give permission to the City of Saint Paul and Saint Paul Public Schools to request and receive the applicant's information & records from/to Saint Paul Public Schools, City, County and State Agencies.

I also understand that the applicant is subject to immediate termination from the Youth Job Corps if he/she is found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury and forfeit any money earned but not yet received if I have intentionally falsified information on this application. I also understand that false information regarding household size, age, and income may be subject to immediate termination and prosecution. I understand that any termination of employment will not grant rights to unemployment compensation.

I authorize the applicant to participate in program evaluations. I authorize the applicant to attend educational field trips in conjunction with the Youth Job Corps program. I understand that students will be required to provide their own transportation or use public transportation.

I authorize the applicant to be photographed and/or video recorded to promote the Youth Job Corps, and/or his/her employer.

I state that I have read this application and that it is accurate and complete to the best of my knowledge. I understand that completing this application does not guarantee that I will be enrolled in the Youth Job Corps program with the City of Saint Paul.

IMPORTANT

By signing below, you attest that you have read, understood, and agreed with the information and statements within this application

Signature of Youth Applicant/Participant

Date

Signature of Parent/Legal Guardian

Date

Who should we contact in case of an emergency: Must be completed for ALL applicants.

Name: _____ Telephone: _____

Relationship: _____